Attach Form W-2(s), Other Supporting Statement(s) and Payment Here – Staple to Top Page Only



KENTUCKY INDIVIDUAL INCOMETAX RETURN



For	calendar vear or other taxable vear beginn	ning, 2008, and ending,	200 .		Full-Year Reside	nts O	nly		800
	A. Spouse's Social Security Number	B. Your Social Security Number	T						
	1 1	1							
	Name—Last, First, Middle Initial (Joint or comb	ined return, give both names and initials.)	┨						
>		,							
Ĺ			4						
A B	Mailing Address (Number and Street or P.O. Box	Apartment Number							
E									
L	City, Town or Post Office	State ZIP Code	1						
>									
_	FILING STATUS (see instruc	tions)			POLI	TICAL	PARTY I	FUND	
1	Single				Designating \$2 will				
2		n this combined return. (If both had inc	ome.)				Spouse		Yourself
3 4	☐ Married, filing joint return.☐ Married filing separate return.	ırns. Enter spouse's Social Security nuı	mher al	oove	Democratic Republican	(2	1)		(4) <u> </u> (5)
7	and full name here.	inis. Enter spease s codar occurry har	inder as	3000	No Designation		3)		(6)
INC	COME/TAX			Α.	Spouse (Use if		B.	Yoursel	If
5	Enter amount from federal Form 104			Filing	Status 2 is checked.)			(or Join	
	1040EZ, line 4. (If total of Columns A	and B is \$28,196 or less, you Credit. See instructions .)	• 5		00	• 5			00
6		realt. See instructions.)			00	• 6			00
					00	7			00
		18			00	• 8			00
		ur Kentucky Adjusted Gross Income			00	9			00
	Itemizers: Enter itemized deductions		. 3			3			
10		nns A and/or B	• 10		00	• 10			00
11		our Taxable Income			00	• 11			00
12	Enter tax from Tax Table, Computation	on or Schedule J							
	•		12		00	12			00
13	Enter tax from Form 4972-K 🔲 ; So	hedule RC-R 🔲	• 13		00	• 13			00
14	Add lines 12 and 13 and enter total I	nere	14		00	14			00
15	Enter amounts from page 2, Section	A, lines 17A and 17B	15		00	15			00
16	Subtract line 15 from line 14. If line	15 is larger than line 14, enter zero	16		00	16			00
47		0.0 11 0.11 110			00				00
17	Enter personal tax credit amounts fro	om page 3, Section B, lines 4A and 4B	• 17		00	• 17			- 00
18	Subtract line 17 from line 16. If line	17 is larger than line 16, enter zero	18		00	18			00
19	Add tax amount(s) in Columns A and	d B, line 18 and enter here				19			00
20	Check the box that represents your t	otal family size (see instructions befor	e comp	leting I	ines 20 and 21)	• 20	1 🔲	2 🔲 3	3 🔲 4 🔲
21	Multiply line 19 by Family Size Tax C	redit decimal amount (_%) and	d enter	here	• 21			00
22	Subtract line 21 from line 19					22			00
23	Enter the Education Tuition Tax Cred	it from Form 8863-K				• 23			00
24	Subtract line 23 from line 22					24			00
25	Enter Child and Dependent Care Cre	dit							
	from federal Form 2441, line 9 >	x 20) % (.20)			• 25			00
26	Income Tax Liability. Subtract line 25	from line 24. If line 25 is larger than li	ne 24, e	enter ze	ro	26			00
27	Enter KENTUCKY USETAX from wo	rksheet in the instructions				• 27			00
28	Add lines 26 and 27. Enter here and	on page 2, line 29				28			00

28 Add lines 26 and 27. Enter here and on page 2, line 29



RE	FUND/TAX PAYMENT SUMMARY						
29	Enter amount from page 1, line 28. This is your Total Tax Liability				• 29		00
30	(a) Enter Kentucky income tax withheld as shown on attached				\vdash		
	2008 Form W-2(s) and other supporting statements	• 30	(a)		00		
	(b) Enter 2008 Kentucky estimated tax payments				00		
31	Add lines 30(a) and 30(b)				• 31		00
32	If line 31 is larger than line 29, enter AMOUNT OVERPAID (see instructions)				32		00
Fu	nd Contributions; See instructions.)	➤ (Enter amou	nt(s) chec	ked)		
33	Nature and Wildlife Fund \$50 \$50 \$50	Othe	er • 33		00		
34	Child Victims' Trust Fund	Othe	er • 34		00		
35	Veterans' Program Trust Fund □ \$10 □ \$25 □ \$50 □	Othe	er • 35		00		
36	Breast Cancer Research/Education Trust Fund ☐ \$10 ☐ \$25 ☐ \$50 ☐	Othe	er • 36		00		
37	Add lines 33 through 36				37		00
38	Amount of line 32 to be CREDITED TO YOUR 2009 ESTIMATED TAX				• 38		00
39	Subtract lines 37 and 38 from line 32. Amount to be REFUNDED TO YOU		REI	UND	• 39		00
40	If line 29 is larger than line 31, enter ADDITIONAL TAX DUE				• 40		00
41	(a) Estimated tax penalty Check if Form 2210-K attached	• 41	(a)		00		
	(b) Interest	• 41	(b)		00		
	(c) Late payment penalty	• 41	(c)		00		
	(d) Late filing penalty	• 41	(d)		00		
42	Add lines 41(a) through 41(d). Enter here		_		• 42		00
	Add lines 40 and 42 and enter here. This is the AMOUNT YOU OWE			OWE	43		00
				_			
	Make check payable to Kentucky State Treasurer or visit www.rever for electronic payment options.	nue.ky	/.gov		Г	OFFICIAL USE ONL	У
					-		PWR
	➤ Write your Social Security number and "KY IncomeTax—2008" on	the cr	теск.		L		
SE	CTION A—BUSINESS INCENTIVE AND OTHER TAX CREDITS		A. Spouse			B. Yourself	
1	Enter nonrefundable limited liability entity tax credit (KRS 141.0401(2))						
	(attach Kentucky Schedule(s) K-1 or Form(s) 725)	1		00	1		00
2	Enter skills training investment credit (attach copy(ies) of certification)	2		00	2		00
3	Enter historic preservation restoration credit	3		00	3		00
4	Enter credit for tax paid to another state (attach copy of other state's return(s))	4		00	4		00
5	Enter unemployment credit (attach Schedule UTC)	5		00	5		00
6	Enter recycling and/or composting equipment credit (attach Schedule RC)	6		00	6		00
7	Enter Kentucky Investment Fund credit (attach copy(ies) of certification)	7		00	7		00
8	Enter coal incentive tax credit	8		00	8		00
9	Enter qualified research facility credit (attach Schedule QR)	9		00	9		00
10	Enter GED incentive credit (attach Form DAEL-31)	10		00	10		00
11				00			00
	Enter voluntary environmental remediation credit (Brownfield)	11		00	11		00
12		11		00	11		00

14 Enter clean coal incentive credit......

15 Enter ethanol credit (attach Schedule ETH)

16 Enter cellulosic ethanol credit (attach Schedule CELL)......

17 Add lines 1 through 16, Columns A and B. Enter here and on page 1, line 15 ...



SEC	CTION B-PERSONAL TAX CREDITS Chec	k Regular	Check both	if 65 or over	Check both if blir	nd				
1	(a) Credits for yourself:(b) Credits for spouse:					1	boxe	er number of es checked ne 1		
2	Dependents:					2		er number of endents who		
	First name Last name		ependent's Security number	Dependen relationsh to you		ily		ed with you		
			!!!					d not live wit		
			I I				(50	ee mstruction	15/	
							• oth	her depende	nts	
			l I L I							
3	Add total number of credits claimed on lines If married filing separately on a combined re own credits from line 1, divide the credits on filers enter the amount from line 3 in Box 3B	turn (Filing S line 2, and e	nter the tota	ls in Boxes 3A a	and 3B. All other					ourself
4	Multiply credits on line 3A by \$20 and enter of						40	x \$20	4B	x \$20
	enter on line 4B. Enter here and on page 1, li	ne 17, Colum	ns A and B				4A		4B	
First	name Last name	Social Securit	y number	First name	Last name			Social S	Security n	umber
	ach a complete copy of federal Form 1040 if yon, business, or rental income or loss. If not re		chere.	Do you wish a packet nex	to receive t year? (check on	e) 1		Yes	2 🗆	No
to t	ne undersigned, declare under penalties of pe he best of my knowledge and belief, it is true, provisions of Regulation 103 KAR 17:020 will r all taxes accruing under this return.	correct and c	omplete. I als	so understand a	ind agree that ou	r election	n to fi	le a combii	ned ret	urn under
Vau	r Signature (If joint or combined return, both must sign.) Spouse's S	ianatura		Data Signad	() Telent	none Number	daytin	<u></u>
You	r Signature (it joint or combined return, both must sign.,) Spouses S	ignature		Date Signed		icicpi	ione ivanibei	(uaytiii	e,
Тур	ed or Printed Name of Preparer Other than Taxpayer	l.	D. Number of P	reparer	Date					
Ma	ail to: REFUNDS Kentucky Depa	rtment of F	evenue, Fra	ankfort, KY 40	618-0006.					
•	PAYMENTS Kentucky Depa	rtment of F	evenue, Fra	ankfort, KY 40	619-0008.					

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